

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
)
SCHULTZ et al.) Group Art Unit: **3693**
)
Application No.: **09/776,412**) Examiner: **Havan, Thu Thao**
)
Filing Date: **February 2, 2001**) Confirmation No.: **4078**
)
For: **ELECTRONIC TRANSACTION**)
RECEIPT SYSTEM AND METHOD)

TRANSMITTAL LETTER

Mail Stop AMENDMENT
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Ballard Spahr Andrews & Ingersoll, LLP
Customer Number 23859

December 12, 2008

Sir:

Transmittal herewith is/are the following in the above-identified application:

- | | | | |
|-------------------------------------|---|-------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | Response to Final Office Action | <input checked="" type="checkbox"/> | Petition to For Extension of Time |
| <input checked="" type="checkbox"/> | Fee as calculated below | <input checked="" type="checkbox"/> | Supplemental Declaration |
| <input type="checkbox"/> | No Additional Fee Required | <input type="checkbox"/> | Terminal Disclaimer |
| <input checked="" type="checkbox"/> | Request for Continued Examination (RCE) | <input type="checkbox"/> | Other _____ |

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEES
Total Claims	9	24			x \$52.00	\$0.00
Independent Claims	3	4			x \$220.00	\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim					+ \$390.00	\$0.00
EXTENSION FEE	1 st Month \$130.00 <input type="checkbox"/>	2 nd Month \$490.00 <input type="checkbox"/>	3 rd Month \$1,110.00 <input checked="" type="checkbox"/>	4 th Month \$1,730.00 <input type="checkbox"/>	5 th Month \$2,350.00 <input type="checkbox"/>	\$1,110.00
<input checked="" type="checkbox"/> Request for Continued Examination (RCE) Fee						\$810.00
<input checked="" type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. § 1.9, § 1.27, § 1.28)						- \$960.00
TOTAL FEE DUE						\$960.00

ATTORNEY DOCKET NO. 01153.0001U2
APPLICATION NO. 09/776,412

Payment:

- ☐ A check in the amount of \$ _____ is enclosed.
- ☐ Payment by credit card in the amount of \$**** for the fees designated above is submitted *via* enclosed Form PTO-2038.
- ☒ Payment by credit card in the amount of \$960.00 for the fees designated above is submitted *via* EFS-Web.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$*** to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

/David A. Cornett/
David A. Cornett
Registration No. 48,417

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